

City of Campbell

2023

Summary of Benefits



Human Resources Division
(408) 866-2122
HR@campbellca.gov



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Questions? Contact the Human Resources Division at (408) 866-2122 or hr@campbellca.gov.

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WHO CAN YOU COVER?

Who is Eligible?

All permanent Full-Time, Limited Term and probationary employees are eligible to enroll in the City's Health, Dental, Vision programs and other City benefits (LTD, Life Insurance, 457, FSA). Permanent Part-Time employees receive partial benefits.

You may enroll the following family members in our medical, dental and vision plans.

- Your current spouse or domestic partner.
- Your natural children, stepchildren, domestic partner's children, foster and/or adopted children under 26 years of age.
- Your disabled children age 26 or older.
- A tax-qualified dependent.

City employees who are married or a dependent of another City employee must maintain dental and vision coverage through the City but may elect to waive this coverage and enroll under the spouse/domestic partner's during Open Enrollment. Please contact Human Resources Division during the open enrollment period if you have questions.

Who is Not Eligible?

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.
- Any individual who is covered as an employee of the City of Campbell cannot also be covered as a dependent.
- Temporary employees, contract employees, or employees residing outside the United States.

When Can I Enroll?

Coverage for new hire begins on the first of the month following date of hire. New employees who do not make an election within **30 days** of becoming eligible will automatically be automatically enrolled for employee only coverage under the Kaiser Traditional HMO.

Open enrollment for next plan year is generally held in September. Open enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying life event.

Make sure to contact the Human Resources Division within the following days if you have a qualifying life event and need to make a change (add or drop) to any of your coverage:

- **Health Coverage** - within 60 days
- **Dental Coverage** - within 31 days
- **Vision Coverage** - within 30 days

Adding or Removing Dependents?

You are responsible for reaching out to our Human Resources Division to update your dependent status in addition to providing supporting documentation during the plan year (marriage, birth, death, divorce, dissolution of domestic partnership, ineligibility of dependent child due to age/school status, etc.). Such notification must be made within **31 days** that the status change occurs. Failure to submit notification in a timely manner may impact dependent eligibility for health care continuation under COBRA, and may result in you incurring liability for medical expenses for non-eligible dependents.

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WHEN CAN YOU MAKE CHANGES TO YOUR BENEFITS

Other than during the annual “open enrollment” period, you may not change your coverage unless you experience a qualifying event. Qualifying Life Events include:

- **Change in legal marital status**, including marriage, divorce, legal separation, annulment, registration or dissolution of domestic partnership, and death of a spouse.
- **Change in number of dependents**, including birth, adoption, placement for adoption, or death of a dependent child.
- **Change in employment status**, including the start or termination of employment by you, your spouse, or your dependent child.
- **Permanent change in work schedule**, including a significant increase or decrease in hours of employment by you, your spouse, or your dependent child, including a switch between part-time and full-time employment that affects eligibility for benefits.
- **Change in a child's dependent status**, either newly satisfying the requirements for dependent child status or ceasing to satisfy them.
- **Change in your health coverage or your spouse's coverage** attributable to your spouse's employment.
- **Change in an individual's eligibility for Medicare or Medicaid.**
- **A court order** resulting from a divorce, legal separation, annulment, or change in legal custody (including a Qualified Medical Child Support Order) requiring coverage for your child or dependent foster child.
- **An event that is a special enrollment event under HIPAA** (the Health Insurance Portability and Accountability Act), including acquisition of a new dependent or spouse or loss of coverage under another health insurance policy or plan if the coverage is terminated because of:
 - Voluntary or involuntary termination of employment or reduction in hours of employment or death, divorce, or legal separation;
 - Termination of employer contributions toward the other coverage, OR if the other coverage was COBRA Continuation Coverage, exhaustion of the coverage



Removing Dependents

- Dependents who gain other coverage elsewhere must be dropped within **31 days**. Proof of other group coverage will need to be provided to the Human Resources Division.

IMPORTANT! — THREE RULES APPLY TO MAKING CHANGES TO YOUR BENEFITS DURING THE YEAR:

1. Any changes you make must be consistent with the change in status,
2. You must make the changes within **31 days** of the date the event (marriage, birth, etc.) occurs,
3. With the exception of births, life events take effect the first of the following month after the life event effective date.

DEPENDENT ELIGIBILITY VERIFICATION

All employees adding dependents will be asked to provide documentation verifying eligibility of their covered dependents. The following chart is an easy guide to which form and documents must be submitted. Failure to submit appropriate documentation will result in dependent's ineligibility for coverage.

Dependent Type	Eligibility Definition	Documents Required for Verifying Eligibility
Spouse or Domestic Partnership	Person to whom you are legally married	<ul style="list-style-type: none"> • Marriage Certificate OR • Declaration of Partnership filed with the California Secretary of State AND • Social Security Card AND • Valid ID
Natural Child(ren) Under Age 26	Minor or Adult Child(ren) of Employee who is under age 26yrs	<ul style="list-style-type: none"> • Birth Certificate AND • Social Security Card
Step Child(ren) Under Age 26	Minor or Adult Child(ren) of Employee Spouse who is under age 26yrs	<ul style="list-style-type: none"> • Birth Certificate AND • Marriage Certificate showing Spouse as Parent AND • Social Security Card
Adopted Child	Minor or Adult Child(ren) legally adopted by Employee who is married or unmarried under age 26yrs	<ul style="list-style-type: none"> • Adoption Court Order Document AND <ul style="list-style-type: none"> ◦ Certificate must name employee as one of the parents/guardians. ◦ Court documents must be recorded and cannot be in draft form. • Social Security Card
Children of Domestic Partners Under Age 26	Minor or Adult Child(ren) of Employee Domestic Partner who is under age 26yrs	<ul style="list-style-type: none"> • Documentation of your current relationship to your domestic partner AND • Birth Certificate AND • Social Security Card
Disabled Children (No age limit)	Natural Child, Step Child or Adopted Child of Employee who is over age 26yrs and incapable of self-care due to physical or mental illness.	<ul style="list-style-type: none"> • Birth Certificate AND • Certification of Disability from Social Security OR • Document of Disability from Physician if not SSA Certified AND • Social Security Card
Other Qualifying Relatives Under Age 26	<ul style="list-style-type: none"> • Meets Requirements of IRS Code. Sec. 105(b) • under age 26yrs 	<ul style="list-style-type: none"> • Birth Certificate Showing Individual to be an Eligible Relative AND • <u>Affidavit of Parent-Child Relationship</u> AND • Social Security Card

PLEASE NOTE: The deduction for a domestic partner is not a pre-tax qualified deduction. Since this is not a pre-tax qualified deduction, City employees will be assessed imputed taxable income on their W2 tax statement at the end of the year that needs to be reported when filing taxes. It is recommended that the employee consults with a qualified tax specialist or accountant for any additional questions.

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BENEFITS WHEN YOU TERMINATE

Your **Medical plan** coverage will end on the last day of the month following your date of termination or loss of eligibility. For example, if your termination date is November 11, your medical coverage will end on December 31.

Your **Dental and Vision plan** coverage ends on the last day of the month of your date of termination or loss of eligibility. For example, if your termination date is November 11, your medical coverage will end on November 30.

You may continue benefits during a family leave of absence according to federal guidelines and in conjunction with the City's policy for a limited period of time after termination, or under your federal and state COBRA rights. Your coverage ends on the date of your termination for your Standard Life insurance and LTD, Long-Term Disability (LTD), and Employee Assistance Program (EAP).

For your **Flexible Spending Account (FSA)**, the services must be incurred prior to the employee's termination date. For example, if your termination date is November 11, services must be rendered by November 10. Services rendered on November 11 would not be eligible for reimbursement.

Upon termination of loss of eligibility, employees can port or convert their Life Insurance coverage. For more information, please contact Amanda Turley at amanda.turley@standard.com.

For more information on COBRA, please refer to page 35.

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BENEFITS DURING FAMILY AND MEDICAL LEAVE AND CALIFORNIA FAMILY RIGHTS ACT

An employee taking family/medical leave will be allowed to continue participating in any health and welfare benefit plan in which he/she was enrolled before the first day of leave (for a maximum of 12 work-weeks) at the level and under the same conditions of coverage as if the employee had continued in employment for the duration of such leave. The City will continue to make the same premium contributions as if the employee had continued working. The continued participation in health benefits begins on the date leave first begins under the Family and Medical Leave Act (e.g. for pregnancy disability leaves) or under the Family and Medical Leave Act/CFRA (e.g. for all other family care and medical leaves).

In some instances, the City may recover premiums it paid to maintain health coverage for you if you fail to return to work following pregnancy disability leave.

Employees on family/medical leave who are not eligible for continued paid coverage may continue their group health insurance coverage at their own expense in conjunction with the federal COBRA guidelines. Employees should contact the Human Resources Division for further information. Under most circumstances, upon return from family/medical leave, an employee will be reinstated to his or her original job or to an equivalent pay, benefits, and other employment terms and conditions. However, an employee has no greater right to reinstatement than if he or she had been continuously employed rather than on leave. For example, if an employee on family/medical leave would have been laid off or terminated had he or she not gone on leave, or if the employee's job is eliminated during the leave and no equivalent or comparable job is available, then the employee would not be entitled to reinstatement.

An employee's use of family/medical leave will not result in the loss of any employment benefit that the employee earned before using family/medical leave.



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CalPERS RETIREMENT PLAN

Plan Details: California Public Employees Retirement System — CalPERS
Employer Plan Code: 2284 24 7568
(888) 225-7377
www.calpers.ca.gov



	PERS Options	Employee contribution	City Contribution
Classic Miscellaneous Members (hired prior to March 7, 2011)	<ul style="list-style-type: none"> • 2.5 % at age 55 (Plan 70003) • Highest 36 month salary • Military service buy back option • 1959 Survivor Benefit – Level 3, One-half continuance • Credit for Unused Sick Leave • Credit for Peace Corps, AmeriCorps VISTA, AmeriCorps Service 	8%	11.364% + \$1,957,733 Employer payment of unfunded liability
Classic Miscellaneous Members (hired after March 6, 2011)	<ul style="list-style-type: none"> • 2 % at age 60 (Plan 70101) • Highest 36 month salary • Military service buy back option • 1959 Survivor Benefit – Level 3, One-half continuance • Credit for Unused Sick Leave • Credit for Peace Corps, AmeriCorps VISTA, AmeriCorps Service 	7%	11.364% + \$1,957,733 Employer payment of unfunded liability
New Miscellaneous Members (hired after December 31, 2012*)	<ul style="list-style-type: none"> • 2 % at age 62 (Plan 26575) • Highest 36 month salary • Military service buy back option • 1959 Survivor Benefit — Level 3, One-half continuance • Credit for Unused Sick Leave • Credit for Peace Corps, AmeriCorps VISTA, AmeriCorps Service 	7.75%	11.364% + \$2,265,429 Employer payment of unfunded liability

*Classic Miscellaneous Members hired after December 31, 2012 are under the Classic Miscellaneous Members hired after March 6, 2011 plan.

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CalPERS RETIREMENT PLAN - SAFETY MEMBERS

Plan Details: California Public Employees Retirement System — CalPERS
Employer Plan Code: 2284 24 7568
(888) 225-7377
www.calpers.ca.gov



	PERS Options	Employee contribution	City Contribution
Classic Safety Members hired prior to Oct 18, 2010	<ul style="list-style-type: none"> • 3% at age 50 (Plan 75001) • Highest 12 month salary • 1959 Survivor Benefit — Level 4, One-half continuance • Credit for Unused Sick Leave 	9%	25.54% + \$2,919,845 Employer payment of unfunded liability
Classic Safety Members hired after Oct 17, 2010	<ul style="list-style-type: none"> • 2 % at age 50 (Plan 75101) • Highest 36 month salary • 1959 Survivor Benefit — Level 4, One-half continuance • Credit for Unused Sick Leave 	9%	19.214% + \$28,695 Employer payment of unfunded liability
New Safety Members hired after December 31, 2012*	<ul style="list-style-type: none"> • 2.7 % at age 57 (Plan 25455) • Highest 36 month salary • Military service buy back option • 1959 Survivor Benefit — Level 4, One-half continuance • Credit for Unused Sick Leave 	13%	13.044% + \$29,441 Employer payment of unfunded liability

*Classic Safety Members hired after December 31, 2012 are under the Classic Safety Members hired after October 17, 2010 plan. To be eligible for service retirement, the employee must be at least age 50 and have five years of PERS credited service.

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CalPERS HEALTH COVERAGE

The City's medical plans are designed to help maintain wellness and protect you and your family from major financial hardships in the event of illness or injury. The City contracts with CalPERS for Health Insurance coverage. There are ten plans available to employees and their eligible dependents. For detailed information about the plans please see www.calpers.ca.gov or visit the website: <https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates>.



2023 City Contribution towards the premium:

Employee	Employee +1	Employee + Family
\$913.74	\$1,827.48	\$2,375.72

If medical is selected, and the medical insurance premium cost less than the City's contribution, the Employee may apply their remaining funds into the 125 Cafeteria plan. For more information about your 125 Cafeteria Plan, please visit the Flexible Spending Account page.

Employees within the **CARP Bargaining Unit** will receive an additional \$50 per month, which may be used for non-medical insurance benefit options available under the cafeteria plan, such as Flexible Spending Account to be used for out-of-pocket medical expenses or dependent care, accident insurance, cancer insurance, heart and stroke insurance, long term care insurance, and life insurance.

If you chose to opt-out medical coverage, the maximum cash back is \$750 per month.

HMO Plans:

Medical Plans	Employee	Employee +1	Employee + Family
Anthem HMO Select	\$1,128.83	\$2,257.66	\$2,934.96
Anthem HMO Traditional	\$1,210.71	\$2,421.42	\$3,147.85
Blue Shield Access HMO *	\$1,035.21	\$2,070.42	\$2,691.55
Blue Shield Trio *	\$888.94	\$1,777.88	\$2,311.24
Health Net Smart Care	\$1,174.50	\$2,349.00	\$3,053.70
Kaiser Permanente HMO	\$913.74	\$1,827.48	\$2,375.72
UnitedHealthcare Alliance *	\$1,044.07	\$2,088.14	\$2,714.58
Western Health Advantage	\$760.17	\$1,520.34	\$1,976.44

PPO Plans:

Medical Plans	Employee	Employee +1	Employee + Family
PERS Platinum	\$1,200.12	\$2,400.24	\$3,120.31
PERS Gold	\$825.61	\$1,651.22	\$2,146.59

*Limited Region

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VISION COVERAGE - CPCEA, CPOA, CARP

Vision Program provides for regular eye examinations and benefits towards vision care for employees and their eligible dependents.

This benefit is fully paid for by the City. The City pays the entire premium of \$28.52 per month for employees and their eligible dependents.

Note: If you've received eye care services from an out-of-network provider, you may need to submit a claim to request reimbursement. For more information, please visit: <https://www.vsp.com/claims/submit-oon-claim>.

Your VSP Vision Benefits Summary
CITY OF CAMPBELL and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Signature

EFFECTIVE DATE:

08/01/2022

vsp.
vision care

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10 for exam and glasses	Every 12 months
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSES			
FRAME*	<ul style="list-style-type: none"> \$140 featured frame brands allowance \$120 frame allowance 20% savings on the amount over your allowance 	Combined with exam	Every 24 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Combined with exam	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements 	\$0 \$80 - \$90 \$120 - \$160	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$120 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		
YOUR COVERAGE GOES FURTHER IN-NETWORK			
With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider.			



Group Plan:
Vision Service Plan - VSP
Plan Numbers:
12 098798 0002 (CPCEA, CPOA, CARP)
12 098798 0003 (CMEA, CONF, MGMT)
(800) 852-7600
www.vsp.com

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VISION COVERAGE - CMEA, CONF, MGMT

Vision Program provides the same as CPCEA, CPOA, CARP **plus** progressive lenses every 12 months.

This benefit is fully paid for by the City. The City pays the entire premium of \$33.11 per month for employees and their eligible dependents.

Note: If you've received eye care services from an out-of-network provider, you may need to submit a claim to request reimbursement. For more information, please visit: <https://www.vsp.com/claims/submit-oon-claim>.

Your VSP Vision Benefits Summary
CITY OF CAMPBELL and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Signature

EFFECTIVE DATE:

08/01/2022



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10 for exam and glasses	Every 12 months
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSES			
FRAME*	<ul style="list-style-type: none"> \$140 featured frame brands allowance \$120 frame allowance 20% savings on the amount over your allowance 	Combined with exam	Every 24 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Combined with exam	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements 	\$0 \$80 - \$90 \$120 - \$160	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$120 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		
YOUR COVERAGE GOES FURTHER IN-NETWORK			
With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider.			



Group Plan:
Vision Service Plan - VSP
Plan Numbers:
12 098798 0002 (CPCEA, CPOA, CARP)
12 098798 0003 (CMEA, CONF, MGMT)
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DENTAL COVERAGE - DELTA DENTAL PPO CARP, CMEA, CONF, CPCEA, MGMT UNITS

This benefit is fully paid for by the City. The City pays entire premium of \$179.04 per month for employees and their eligible dependents.

Plan Benefit Highlights for: City of Campbell

Group No: 01744 - 00002

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26			
Deductibles	\$25 per person per lifetime			
Maximums	\$2,500 per person each calendar year			
D & P counts toward maximum?	Yes			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	100%	80%
Basic Services Fillings, posterior composites and sealants	80%	80%
Endodontics (root canals) Covered Under Basic Services	80%	80%
Periodontics (gum treatment) Covered Under Basic Services	80%	80%
Oral Surgery Covered Under Basic Services	80%	80%
Major Services Crowns, inlays, onlays and cast restorations	50%	50%
Prosthodontics Bridges, dentures and implants	50%	50%
Orthodontic Benefits Adults and dependent children	50%	50%
Orthodontic Maximums	\$2,500 Lifetime	\$2,500 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.



Group Plan:
Delta Dental Plan of California
Group Number: 174-0002 (CARP, CMEA, CONF, CPCEA, MGMT)
(888) 335-8227
www.deltadentalca.org

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DENTAL COVERAGE - DELTA DENTAL PPO

CPOA UNIT

This benefit is fully paid for by the City. The City pays entire premium of \$168.29 per month for employees and their eligible dependents.

Plan Benefit Highlights for: City of Campbell
Group No: 01744 - 00003

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26			
Deductibles	\$25 per person per lifetime			
Maximums	\$1,500 per person each calendar year			
D & P counts toward maximum?	Yes			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	100%	80%
Basic Services Fillings, posterior composites and sealants	80%	80%
Endodontics (root canals) Covered Under Basic Services	80%	80%
Periodontics (gum treatment) Covered Under Basic Services	80%	80%
Oral Surgery Covered Under Basic Services	80%	80%
Major Services Crowns, inlays, onlays and cast restorations	50%	50%
Prosthodontics Bridges, dentures and implants	50%	50%
Orthodontic Benefits Adults and dependent children	50%	50%
Orthodontic Maximums	\$2,500 Lifetime	\$2,500 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.



Group Plan:
Delta Dental Plan of California
Group Number: 174-0003 (CPOA)
(888) 335-8227
www.deltadentalca.org

Questions? Contact the Human Resources Division at (408) 866-2122 or hr@campbellca.gov.

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LIFE INSURANCE

Administered by The Standard

If you have loved ones who depend on your income for support, having life and accidental death insurance can help protect your family's financial security and pay for large expenses such as housing and education, as well as day-to-day living expenses. Group Basic Life Insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's or his or her dependent's covered death.



The City pays entire premium of \$23.25 per month.

Coverage

CMEA, CONF, CPOA, CARP, MGMT Units: \$50,000 + \$50,000 AD&D Life Rate is .27 cents per \$1,000; AD&D rate is .04 cents per \$1,000

CPCEA Unit: \$75,000 + \$75,000 AD&D Life and AD&D rates are the same as above.

Additional Dependents Life Insurance Plan is available to the employee at 49 cents per month.

LONG TERM DISABILITY INSURANCE

Administered by The Standard

If you become disabled and cannot work, your financial security may be at risk. Protecting your income stream can provide you and your family with peace of mind. Group Long Term Disability Insurance from Standard Insurance Company helps provide financial protection for insured members by promising to pay a monthly benefit in the event of a covered disability.

Coverage

CMEA, CONF, CPCEA, CARP Units: The plan provides for 2/3 of monthly base salary up to a salary maximum of \$4,500 per month. The maximum benefit is \$3,000 per month. Elimination Period is the first 30 days of each disability.

The City pays the entire premium of \$1.35 per \$100 of gross salary per month to the \$4,500 salary maximum. Maximum cost is \$60.75 per month.

MGMT Unit: Same plan but salary maximum is \$6,000 with a maximum benefit of \$4,000 per month. The City pays the entire premium. Same premium rate with a maximum cost of \$81.00 per month

Employees should note that the **City does not contribute to State Disability Insurance (SDI)**. City of Campbell employees are not covered under California State Disability Insurance programs. The City's LTD insurance policy coverage is in lieu of SDI and is 100% employee paid.

Group Plan:
Standard Life Insurance Company
Policy Number: 309784
(800)368-1135
www.standard.com

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California Government VEBA (CALGOVEBA/VEBA)

Administered by BAA Administration Services

CALGOVEBA health care program for public agencies in California that enjoys tax free benefits, including employee & employer contributions, distributions and investment returns.

Individuals can use available funds for IRS medical qualifying expenses for reimbursement and can be used prior to retirement and during retirement.

The City Contribution the following amounts per pay period towards Employee:

CARP	\$50.00 per month	CPCEA	\$71.16 per pay period
CMEA	\$69.24 per pay period	CPOA	\$170 per pay period
CONF	\$69.24 per pay period	MGMT	\$86.16 per pay period

Upon hire, eligible employees will be registered for a WealthCarePortal view and access funds.

How do I register to access my WealthCare Portal?

- Go to: <https://www.mywealthcareonline.com/vebaservices/>

NOTE: If you have an Apple computer, the system does not work with the Safari browser. You will need to open up Chrome or Firefox in order to access the portal.

- When you go to the homepage, click the "Register" button in the upper right-hand corner and follow the simple instructions.
 - Employee ID:** first initial/last name/last 4 digits of your social security number
 - Employer ID:** BAA1014

How do I add my spouse and/or dependents?

If you would like to add your spouse or dependents to your account so that you may also submit claims for them, log into your WealthCare Portal, select the Menu, select Resources, select Forms and Documents and complete and submit the "New Enrollment and Change" form.

How do I register for Direct Deposit?

Log onto your new web portal and click:

- "My Accounts" tab
- Select "Reimbursement Setting"

Your claims will start being paid to you by Direct Deposit approximately 5 days after we have received your request.

For more information about CALGOVEBA and how to register to access your WealthCarePortal, please visit: <https://www.mywealthcareonline.com/vebaservices/> or contact (855)680-0894.

Group Plan Details:
Voluntary Employee Benefit
Association
BAA Administration
Plan ID: BAA1014

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SECTION 125 CAFETERIA PLAN

The City has a Section 125 Flexible Spending Plan available to its employees. The plan covers employees and their eligible dependents.



If your medical insurance premium cost less than the City's contribution, you may choose to apply your remaining funds into FSA or additional insurances.

Effective January 1, 2023, **CARP members** will receive an additional cafeteria plan contribution of \$50.00 per month, which may be used for non-medical insurance benefit options available under the cafeteria plan, such as a flexible spending account to be used for out-of-pocket medical expenses or dependent care, accident insurance, cancer insurance, heart and stroke insurance, long term care insurance and life insurance benefits.

VOLUNTARY INSURANCES AVAILABLE

As an eligible employee, the City of Campbell allows you to apply for additional life coverage for you and your family. Additional Insurances available for purchase:

- Accident Insurance
- Long Term Care Insurance
- Voya Life Insurance

If you are interested in please contact Lisa Garon at lisa.garon@workterra.com.



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FLEXIBLE SPENDING ACCOUNT (FSA)

Real Savings

Participating in a Flexible Spending Account (FSA) is a great way to save money over the course of a year. These accounts allow you to redirect a portion of your salary on a **pre-tax** basis into reimbursement accounts. Money from these accounts is then used to pay eligible expenses that are not reimbursed by your medical plan, as well as reimbursement for dependent care expenses. Employees are not required to contribute to the plan.



There are two accounts to choose from:

- **Medical Care Account**
- **Dependent Care Spending Account**

When you enroll, you decide how much money to contribute to your personal accounts for the coming year. These contributions are gradually deducted from your paychecks through the year and deposited into your account(s). **You must enroll through during open enrollment or within 31 days of a qualifying event.**

With a FSA, you elect to have your annual contribution deducted from your paycheck each pay period in equal installments throughout the year until you reach the yearly maximum you have specified. The amount of your pay that goes into an FSA will not count as taxable income, so you will have immediate tax savings. FSA dollars can be used during the plan year to pay for qualified expenses and services.

City contributions vary depending on Bargaining Unit.

Bargaining Unit	City Contribution effective July 2022
CMEA, CONF, MGMT, Unclassified	\$30.76 per pay period (until last pay period of June 2023)
CMEA, CONF, MGMT, Unclassified	\$55.76 per pay period (effective first pay period of July 2023)

What if I Need to Change my Annual Elections?

You may only change (increase or decrease) your annual elections during the plan year **ONLY** if you have an IRS qualifying event. To qualify, you must experience a life-changing event such as marriage, divorce, birth or adoption of a child, death of a spouse or dependent, or change in spouse's employment, etc.

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FLEXIBLE SPENDING ACCOUNT MEDICAL REIMBURSEMENT ACCOUNT



The Medical Reimbursement Account will reimburse you with pre-tax dollars for eligible healthcare expenses not reimbursed under your family's healthcare plans. You may choose to set aside, as pre-tax payroll deduction, a spending account for medical-related expenses. These include money for co-pays, deductibles, and many other qualified medical expenses. **The maximum amount you may contribute to a Healthcare Spending Account for the 2023 Plan Year is \$3,050.** You may choose to set aside, as a pre-tax payroll deduction, a spending account for medical-related expenses. These include money for co-pays, deductibles, and many other qualified medical expenses.



Elected funds will be frontloaded and available for use at the beginning of the calendar year.

Please note that you may not be enrolled in the medical portion of the FSA account if you are enrolled in the Health Savings Account (HSA). However, you may still enroll in the "limited purpose" FSA for your vision and dental expenses.

FSA Rollover Feature

You make the election for deduction annually and should estimate the amount you need for qualified medical expenses. Keep in mind that any unused funds from your Healthcare FSA by the end of the year (minimum of \$5 up to \$610) will automatically be rolled over for use in the next plan year.

To Find Out More

The IRS has established a list of medical, dental and vision care expenses that are eligible for reimbursement under this plan. You may request reimbursement for eligible expenses for yourself, your spouse or your dependents. If you incur an expense that is not listed here and you would like to know whether it is an eligible expense under this plan, please contact Workterra Customer Service from 8AM to 5PM PST, Monday through Friday at (888) 327-2770. You may also refer to IRS Publication 502 "Medical and Dental Expenses", visit <https://fsastore.com/FSA-Eligibility-List.aspx>, or you can order this publication by calling the IRS at (800) 829-3676.

Eligible Expenses: https://workterra.com/pdf/brochure/WORKTERRA_Eligible_Expenses_FSA17.pdf

ESTIMATE CAREFULLY!

If you don't spend all the money in your account, you can roll over up to \$610 to use the following year. Any additional remaining balance will be forfeited.

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FLEXIBLE SPENDING ACCOUNT DEPENDENT CARE ASSISTANCE ACCOUNT

This account will reimburse you with pre-tax dollars for daycare expenses for your child(ren) and other qualifying dependents.



The maximum amount you may contribute to a Dependent Day Care Spending Account is \$5,000 a year, or \$2,500 a year if you are married but file separate tax returns. You may choose to set aside, as a pre-tax payroll deduction, a spending account for dependent care expenses. These include expenses for child care or dependent adult care for a member of your household.



Dependent care elections balances will be deposited based on the remaining Fiscal Year periods.

Eligible Dependents Include:

- Children under the age of 13 who qualify as dependents on your federal tax return; **and**
- Children or other dependents of any age who are physically or mentally unable to care for themselves and who qualify as dependents on your federal tax return.

You may use the federal childcare tax credit and the Dependent Care Spending Account; however, your federal credit will be offset by any amount deferred into dependent care plan.

What's the Advantage of Pre-tax?

Pre-tax means the dollars you use for eligible expenses are not subject to social security tax, federal income tax and, in most cases, state and local taxes. Money you would have paid in taxes can be used to pay qualified expenses. Depending on your tax bracket, you can save 23% to 46% on every expense you pay through the flex accounts and increase your take home pay by up to \$20 to \$40 on every \$100 you set aside. It's a tax break you cannot afford to ignore!

ESTIMATE CAREFULLY!

There is a "use it or lose it" provision: Taking into account the 2 1/2 month Grace Period, if you don't use the money in your account by March 15 the following year you make your contribution, you lose the unexpended portion. Members will have until March 31st to submit claims for expenses incurred during said plan year.)

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FLEXIBLE SPENDING ACCOUNT - HOW TO ACCESS AND MANAGE YOUR WORKTERRA ACCOUNT



WORKTERRA CONSUMER PORTAL

To access your account online, go to <https://WORKTERRA.lh1ondemand.com>.

New User Login Guide

- **User Name:** First initial of your first name, full last name and last four of your social (ex. JDOE1234)
 - **Temporary Password:** your full social (ex. 12345678)
 - You will be prompted to change this upon initial logon.
- You do not need to enter a Code.**

A screenshot of the Workterra login and sign-up interface. It is divided into two main sections: "Existing User?" and "Setting up a New Account?". The "Existing User?" section has fields for "Username" and "Password", a "Login" button, and a "Forgot Password?" link. The "Setting up a New Account?" section has a "Code" field and a "Get Started" button.

WHAT CAN I DO WITH MY ACCOUNT?

Having your own WORKTERRA Benefits Account enables you to:

- File claims online, upload receipts and track expenses
- View up-to-the-minute account balances
- View your account activity, claims history and payment (reimbursement) history
- Report a lost/stolen Card and request a new one
- Apply for/Update your direct deposit information to receive reimbursements faster
- Change your login ID and/or password
- Download plan information, forms and notifications



WORKTERRA DEBIT CARD

All Flexible Spending Accounts on One Card! *You will receive your VISA Stored Value Benefits Card in the mail.* Your VISA Card is loaded with all of your flexible spending account balances managed by Workterra. You do not need to direct payments to specific plans – it is done automatically at the point of sale based on merchant type and your benefit plan rules.

VISA Card uses its auto-substantiation technology to electronically verify the transaction's eligibility according to the IRS rules. Over 85% of swipes will not require follow up. *Please note:* IRS requires 100% of card transactions be substantiated; some transactions do not qualify to be auto substantiated according to the IRS rules and you may be required to provide documentation to adjudicate some of the transactions made with the VISA Card.

NEED ADDITIONAL HELP?

Visit the WORKTERRA MEMBER CENTER (www.WORKTERRA.com -> member center): Provides additional resources for your applicable Flexible Spending Accounts.

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DEFERRED COMPENSATION - 457

Each employee may elect to become a participant of the plan and defer payment of compensation. The maximum amount that may be deferred during the **2023 calendar year is \$22,500**. If age 50 or older the employee may defer up to \$27,000 a year.



Invest in a shared sense of service™

You decide the amount to contribute and can change your contribution amount at any time. You can elect to make pre-tax contributions. For the current IRS limits, visit www.icmarc.org/contributionlimits

You may also transfer, or roll over, other eligible retirement accounts to the plan.

The City of Campbell contributes the following for each bargaining unit:

CARP	\$20 per pay period	CPCEA	\$22 per pay period
CMEA	\$50 per pay period	CPOA	\$40 per pay period
CONF	\$55 per pay period	MGMT	\$0 per pay period

Vesting

Vesting refers to your ownership of the money in your account. You are always 100% vested in your own contributions and their earnings.

Investments

Your contributions will be invested in the funds that you select, and the value of your account will fluctuate based on the performance of the funds. Carefully review your investment options before making your selections. You can make changes to your investments at any time.

Professional, unbiased investment advice is available in your plan on a no-charge basis.

Withdrawals

After you separate from service with your employer, you will be eligible to withdraw your money at any time. However, you will not be required to take any withdrawals until after age 72. While you are still employed, your withdrawal options are limited to attaining age 70½, balances under \$5,000 (with no contributions made for a period of two years), or emergency withdrawals, as defined by the IRS.

Loans

Your plan allows you to borrow money from your account while you are still employed. The maximum loan amount is limited to half of your account balance or \$50,000, whichever is less.

Account Management

Log in to www.icmarc.org/login to manage your account, sign-up for e-delivery and text updates, and connect all of your finances in one view.



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DEFERRED COMPENSATION - 401(a)

MGMT Employees Only



Invest in a shared sense of service™

Management Employees are eligible to participate in a 401(a) Plan. The City of Campbell will make a contribution of \$780 annually for Executive Staff (ES). There is no employer contribution for Mid-Management Employees (MM). ES may make an irrevocable election to contribute an additional 5% to 20% of your salary on a pre-tax basis. MM may make an irrevocable election to contribute an additional 1% to 15% of your salary on a pre-tax basis. 100% of Final Pay to be contributed by ES and MM upon separation.

Vesting

Vesting refers to your ownership of the money in your account. You are always 100% vested in your own contributions and their earnings.

Investments

Your contributions will be invested in the funds that you select, and the value of your account will fluctuate based on the performance of the funds. Carefully review your investment options before making your selections. You can make changes to your investments at any time. Investment advice is available in your plan on a no-charge basis.

Withdrawals

After you separate from service with your employer, you will be eligible to withdraw your money at any time. However, you will not be required to take any withdrawals until after age 72. While you are still employed, your withdrawal options are limited to attaining the plan's normal retirement age and voluntary after-tax contributions.

Loans

Your plan allows you to borrow money from your account while you are still employed. The maximum loan amount is limited to 50% of your vested account balance or \$50,000, whichever is less.

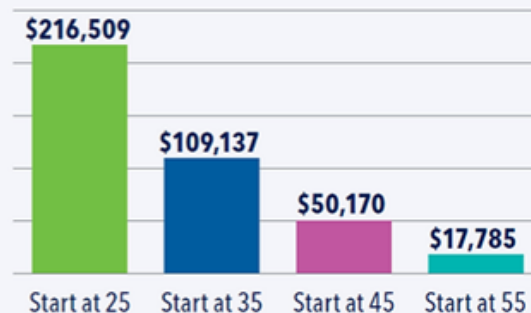
Account Management

Log in to <https://retirement.financialtrans.com/msq/> to manage your account, sign-up for e-delivery and text updates, and connect all of your finances in one view.

How much could my account be worth at age 65?*

Saving now can help alleviate the pressure to catch up later. Starting early can give you an advantage due to compounding, in which your investments produce earnings from previous earnings.

* For illustrative purposes only. Assumes \$50 bi-weekly contributions and an effective annual return of 6%, compounded bi-weekly.



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LEAVE TIME

Sick Leave

Employees accrue 3.69 hours of sick leave per pay period. Accumulation is unlimited.

Vacation Leave

Years of Service	Hours Accrued Per Pay Period	Retainable Hours	
		All except CMEA	CMEA
Start of year 1 through completion of year 4	3.38 (11 8-hour days/year)	192	220
Start of year 5 through completion of year 10	4.92 (16 8-hour days/year)	232	250
Start of year 11 through completion of year 15	5.85 (19 8-hour days/year)	272	300
Start of year 16 and thereafter	6.46 (21 8-hour days/year)	304	350

Management employees may accumulate and retain their vacation leave to a maximum of 520 hours per year.

Administrative Leave

MGMT	60 hours of paid administrative leave per calendar year
Executive Team	80 hours of paid administrative leave per calendar year

Floating Holidays

Employees will receive floating holidays based on their bargaining unit agreement. Employees receive the appropriate prorated portion of this entitlement upon hire and termination. Floating Holidays must be used during the calendar year in which they are granted. Unused Floating Holiday time may not be carried over to the next calendar year. Floating Holiday time shall have no monetary value upon termination of employment.

CARP	5 days
CMEA	5 days
CONF	5.5 days
CPCEA	4.8% Salary in Lieu plus 2 float days
CPOA	5.4% Salary in Lieu
MGMT	5 days

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LEAVE TIME (Cont.)

Holidays Observed

Holiday	Day	Date Observed
New Year's Day	Monday	January 2, 2023
Martin Luther King, Jr. Day	Monday	January 16, 2023
Presidents' Day	Monday	February 20, 2023
Memorial Day	Monday	May 29, 2023
Independence Day	Tuesday	July 4, 2023
Labor Day	Monday	September 4, 2023
Thanksgiving Day	Thursday	November 23, 2023
Day After Thanksgiving	Friday	November 24, 2023
Christmas Eve (1/2 day)	Friday	December 22, 2023
Christmas Day	Monday	December 25, 2023



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OTHER PAYS

Auto Allowance

The City provides an auto allowance for the following job classes:

Community Development Director	\$220/month
Finance Director	\$220/month
Public Works Director	\$220/month
Recreation & Community Services Director	\$220/month
Assistant City Manager	\$220/month
Building Division Manager/Building Official	\$160/month
City Clerk	\$160/month
City Engineer	\$160/month

Human Resources Manager	\$160/month
IT Manager	\$160/month
Planning Manager	\$160/month
Recreation Services Manager	\$160/month
Senior Civil Engineer	\$160/month
Senior Public Works Project Manager	\$160/month
Support Services Manager	\$160/month
Traffic Engineer	\$160/month

Special Pays

	Bilingual Pay	Holiday Pay	POST Educational Incentive Pay
CARP	\$75/pay period	N/A	N/A
CMEA	\$100/pay period	N/A	N/A
CONF	\$100/pay period	N/A	N/A
CPCEA	\$100/pay period	4.8%	\$50/pay period Dispatcher Intermediate Certificate \$100/pay period Dispatcher Intermediate Advanced Certificate
CPOA	\$100/pay period	5.4%	5.0% Intermediate Certificate 7.5% Advanced Certificate

Tuition Reimbursement

The City of Campbell is committed to the development of employees and the belief that education is a lifelong process which enhances work performance and increases career mobility within the organization, thereby helping employees provide better service to the public.

Depending on an employee's bargaining unit agreement, the employee may be eligible to be reimbursed for the cost of tuition, books, and other mandatory fees incurred while completing coursework or training during non-working hours.

Eligible employees can receive up to \$3,000 per fiscal year.



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OTHER PAYS (Cont.)

Uniform Allowance

The City provides an annual uniform allowance to select job classes. The allowance is paid in advance after the start of each fiscal year. In the event the employee terminates employment with the City prior to completing the fiscal year, a pro-rate amount of the allowance is withheld from the employee's final paycheck.

CMEA	Building Maintenance Worker I & II Building Maintenance Lead Worker Utility Worker Recreation Specialist (only Facilities)	\$600/year
	Assistant Engineer & Associate Engineer Building Inspector & Senior Building Inspector Code Enforcement Officer Engineering Technician Public Works Inspector & Senior Public Works Inspector	\$150/year for boots/shoes/hats
CPCEA	Community Services Officer	\$740/year
	Police Records Specialist Police Records Supervisor Property/Evident Specialist	\$655/year
CPOA	All classifications	\$1,100/year
MGMT	Sworn Safety Management Classes	\$1,100/year
CARP	Maintenance Worker I & II Park Maintenance Lead Worker Lighting/Traffic Signal Assistant Lighting/Traffic Signal Supervisor Lighting/Traffic Signal Technician Street Maintenance Lead Worker	\$850/year
	Mechanic I & II Equipment Maintenance Supervisor	\$460/year

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EMPLOYEE ASSISTANCE PROGRAM (EAP)

Administered by Claremont EAP, Powered by [uprisehealth](#)



The Claremont Employee Assistance Program (EAP) helps you resolve personal issues before they become more serious and difficult to manage. You and your eligible family members can receive professional, confidential counseling at no cost. We also provide access to resources that can help you address virtually any personal concern or question.

Overview of the Employee Assistance Program

The County's EAP Program is an essential component of the City's work-life benefit, offering work-life assistance to our employees and family members. Personalized consultations, resources and referrals are available at no cost for a wide range of needs that include:

Counseling Visits - The EAP offers 8 free counseling visits per incident, per rolling 12 months for almost any personal issue. Claremont EAP will work with you to find the most appropriate counselor to meet your needs.

- Marital/Relationship issues
- Parenting/Family issues
- Work concerns
- Depression
- Anxiety
- Stress
- Substance abuse
- Other issues impacting your quality of life


Work/Life Referrals - consultants can provide you with referrals and information for services such as: child care, elder care, pet care, adoption assistance, school/college assistance, health and wellness, and convenience referrals.

Legal Consultation - EAP offers up to 30 minutes of free consultation with an attorney per issue to answer your legal questions, either in-person or over the phone. On-going services, if required, are offered at a 25% discount. EAP can assist with legal issues such as: divorce, child custody, real estate, personal injury, criminal law, and free simple will kits.

Financial Consultation - Financial professionals and licensed CPAs will provide up to 30 minutes of telephonic coaching per issue on a range of financial issues such as: budgeting, debt management, tax planning, retirement planning, home buying strategies, college planning, and credit report coaching.

Claremont Personal Advantage - Claremont Personal Advantage (CPA) has over 20,000 online resources at your fingertips 24/7. Resources and tools include: information on health, finance, legal issues, personal growth, stress, emotional wellbeing, family life, and more; in the form of assessments, quizzes, videos, articles, FAQs, forms, calculators, and more!

Call toll-free, 24 hours a day, seven days a week

 **800-834-3773**

EMPLOYEE HEALTH AND WELLNESS

Whether you want more sleep, less stress, or to lose weight, the Recreation and Community Services Department offers a variety of drop-in programs to meet your needs. Select activities are available to City of Campbell employees free of charge!



The Wellness Program Includes:

- General Lap Swim
- Drop-in Basketball
- Drop-in Volleyball
- Yoga
- Pilates
- Upper Body Core
- Cardio Combo

Benefited employees receive a Fitness Program Membership which includes unlimited access to the weight room and group exercise drop in classes at the City of Campbell Recreation Center.

TO ENROLL

1. Create an account through:
<https://secure.rec1.com/CA/campbell-ca>
2. Email recreation@campbellca.gov from City email to request employee flag.
3. Once your account is flagged, you can enroll in classes.
4. On the Catalog Page—Activity Tag (left side of page), select the “Employee Wellness” filter.
5. Select class and date and follow the process to “checkout”. Fees will be removed during checkout.

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Plan Details and Quick Links

Plan Name	Plan Details	Contact Information & Links
California Public Employees Retirement System (CalPERS)	Employer Plan Code: 2284 24 7568	(888) 225-7377 www.calpers.ca.gov myCalPERS Account: https://my.calpers.ca.gov/web/ept/public/systemaccess/selectLoginType.html
California Government VEBA (CALGOVEBA)	Plan ID: BAA1014	(855) 680-0894 WealthCare Portal: https://www.mywealthcareonline.com/vebaservices/
Delta Dental	Group Number: 174-0002 (CARP, CMEA, CONF, CPCEA, MGMT) 174-0003 (CPOA)	(888) 335-8227 www.deltadentalca.org Member Log In: https://www1.deltadentalins.com/login.html
Employee Assistant Program (EAP) by Claremont Behavioral Services	Account Number: 0376	(800) 834-3773 www.claremonteap.com
Mission Square • 457 • 401(a)	Plan Number: 30-1332	(800) 669-7400 www.missionsq.org To schedule an appointment with Ray Ortiz, Retirement Plan Specialist, please visit https://icmarc.secure.force.com/events?SiteId=a0lj0000003QT4eAAG
The Standard • Life Insurance • Long Term Disability	Policy Number: 309784	(800) 368-1135 www.standard.com
VSP	Plan Numbers: 12 098798 0002 (CPCEA, CPOA, CARP) 12 098798 0003 (CMEA, CONF, MGMT)	(800) 852-7600 www.vsp.com Member Portal: Log in FAQs: https://www.vsp.com/faqs
WorkTerra • FSA • Additional Insurances		(800) 229-7683 www.workterra.com Member Online Access: https://WORKTERRA.lh1ondemand.com Eligible Expenses: https://workterra.com/pdf/brochure/WORKTERRA_Eligible_Expenses_FSA17.pdf

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PLAN CONTACT NUMBERS

Plan Name	Administrator	Plan Information
Anthem Blue Cross (Basic) (HMO) <ul style="list-style-type: none"> Select HMO Traditional HMO 	<u>Anthem Blue Cross</u> (855) 839-4524	<u>OptumRx</u> is the Pharmacy Benefit Manager (PBM) providing prescription benefits for this health plan.
Blue Shield of California (HMO) <ul style="list-style-type: none"> Blue Shield Access+ HMO Blue Shield Trio HMO 	<u>Blue Shield of California</u> (800) 334-5847	Blue Shield of California administers their own prescription drug benefits. *Blue Shield Trio coverage in Butte County and Monterey County are pending DMHC approval.
Health Net of California (HMO) <ul style="list-style-type: none"> SmartCare HMO 	<u>Health Net of California</u> (888) 926-4921	<u>OptumRx</u> is the PBM providing prescription benefits for this health plan.
Kaiser (HMO)	<u>Kaiser Permanente</u> (800) 305-1220	Kaiser administers its own prescription benefits.
PERS Platinum (PPO) <ul style="list-style-type: none"> PERS Platinum Basic Plan 	<u>Anthem Blue Cross</u> (877) 737-7776	This plan has no geographical restrictions. It provides coverage anywhere in the world.
PERS Gold (PPO) <ul style="list-style-type: none"> PERS Gold Basic Plan 	<u>Anthem Blue Cross</u> (877) 737-7776	This plan is only available in California.
UnitedHealthcare (Basic) (HMO) <ul style="list-style-type: none"> UnitedHealthcare Signature Value Alliance 	<u>UnitedHealthcare</u> (877) 359-3714	<u>OptumRx</u> is the PBM providing prescription benefits for this health plan.
Western Health Advantage (HMO)	<u>Western Health Advantage</u> (888) 942-7377	<u>OptumRx</u> is the PBM providing prescription benefits for this health plan.

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WORDS YOU NEED TO KNOW

Health insurance seems to have its own language. You will get more out of your plans if understand the most common terms, explained below in plain English.

MEDICAL

OUT-OF-POCKET COST - A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

DEDUCTIBLE - The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

COINSURANCE - After you meet the deductible amount, you and your health plan share the cost of covered expenses. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 70% coinsurance, you are responsible for paying your coinsurance share, 30% of the cost.

COPAY - A set fee you pay whenever you use a particular healthcare service, for example, when you see your doctor or fill a prescription. After you pay the copay amount, your health plan pays the rest of the bill for that service.

IN-NETWORK / OUT-OF-NETWORK - Network providers (doctors, hospitals, labs, etc.) are contracted with your health plan and have agreed to charge lower fees to plan members, as negotiated in their contract with the health plan. Services from out-of-network providers can cost you more because the providers are under no obligation to limit their maximum fees. With some plans, such as HMOs and EPOs, services from out-of-network providers are not covered at all.

OUT-OF-POCKET MAXIMUM - The most you would pay from your own money for covered healthcare expenses in one year. Once you reach your plan's out-of-pocket maximum dollar amount (by paying your deductible, coinsurance and copays), the plan pays for all eligible expenses for the rest of the plan year.

PRESCRIPTION DRUG

BRAND NAME - A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine. You generally pay a higher copay for brand name drugs.

GENERIC DRUG - A drug that has the same active ingredients as a brand name drug, but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor. You generally pay a lower copay for generic drugs.

PREFERRED DRUG - Each health plan has a list of prescription medicines that are preferred based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

SPECIALTY DRUG - Medication that requires close supervision and monitoring for serious and/or complex chronic conditions. These medications are often associated with very high costs and require special storage, handling, or dosing procedures.

DENTAL

BASIC SERVICES - Dental services such as fillings, routine extractions and some oral surgery procedures.

DIAGNOSTIC AND PREVENTIVE SERVICES - Generally include routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

MAJOR SERVICES - Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

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IMPORTANT PLAN NOTICES AND DOCUMENTS

WOMEN'S HEALTH AND CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Call your health plan's Member Services for more information.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your carrier directly at the number at the back of your medical card.

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you decline enrollment in the City of Campbell's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in the City of Campbell's health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 31 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 31 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in the City of Campbell's health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 31 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment rights, you may add the dependent to your current coverage or change to another health plan.

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IMPORTANT PLAN NOTICES AND DOCUMENTS

AVAILABILITY OF PRIVACY PRACTICES NOTICE

We maintain the HIPAA Notice of Privacy Practices for the City of Campbell describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting the HR, Benefits Division.

NOTICE OF CHOICE OF PROVIDERS

Health Maintenance Organization (HMO) plans generally require the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. Until you make this designation, your carrier designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact your carrier directly. For children, you may designate a pediatrician as the primary care provider.

MICHELLE'S LAW

The City of Campbell plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from school. Coverage may continue for up to a year, unless your child's eligibility would end earlier for another reason. Extended coverage is available if a child's leave of absence from school — or change in school enrollment status (for example, switching from full-time to part-time status) — starts while the child has a serious illness or injury, is medically necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, HR, Benefits Division as soon as the need for the leave is recognized. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

NON DISCRIMINATORY TESTING FOR CAFETERIA PLANS GOVERNED UNDER CODE SECTION 125

IRS requires each plan governed under "Code Section 125 cafeteria plans" to go through nondiscriminatory testing each plan year to see if our plan passes. These plans offer a favorable pre-tax benefit and the IRS requires plans to conduct special non-discriminatory testing on all plans that offer a favorable pre-tax benefit each year.

The codes nondiscrimination rules exist to prevent plans from being designed in such a way that it discriminates in favor of individuals who are either highly compensated employees or are otherwise key employees in the organization.

The plans will not pass the tests if the highly compensated employees or key employees elect more benefits under the plan than employees who are not highly compensated. This is called a "Concentration Test". If plans fail the concentrations testing, adjustments may be required to the yearly election amounts. Adjustments will not be made if the plan passes.

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COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) allows you to continue health coverage for yourself and your dependents if you involuntarily lose your health benefits.

- Coverage must be continuous and you'll be required to pay premiums from the date your CalPERS coverage ended.
- You must submit a COBRA Election Form within 60 days following notification of eligibility.
- Your premium cannot exceed 102 percent of the group monthly premium rate.

COBRA Coverage

Active Employees

You can continue COBRA coverage for 18 months if either of the following applies:

- You reduce your work hours to less than half-time (or less than 480 hours in a control period for state permanent-intermittent employees).
- You separate from employment for reasons other than dismissal due to gross misconduct.

You must submit a COBRA Election Form (Active Members) (PDF) within 60 days following notification of eligibility. Your employer will notify you automatically if you are eligible.

Dependents

Dependents may enroll in COBRA for up to 36 months if:

- The dependent child marries or reaches age 26.
- The covered member dies (eligibility applies whether the member was working or retired at the time of death).
- The covered member gets a divorce/registered domestic partnership termination or legal separation.

Employees With Disabilities

You can continue coverage for up to 29 months if you're recognized as disabled through Social Security Administration or the Supplemental Security Income program. The cost to you cannot exceed 102 percent of the premium for the first 18 months and 150 percent of the premium for months 19 to 29. This COBRA coverage applies to you and any dependents currently enrolled under your eligibility.

Ending COBRA Coverage

COBRA coverage for you or your dependents remains in effect until one of the following events terminates the coverage:

- Coverage through another group health plan
- Coverage time limit ends
- Eligibility for Medicare coverage
- Failure to pay the required premium
- You request cancellation

Covered California

You can purchase health coverage through Covered California, California's health insurance marketplace, as an alternative to purchasing COBRA coverage. You may be eligible for premium tax credits through Covered California to help you pay for coverage if you lose your CalPERS health benefits. Even if you don't qualify for tax credits, you may shop Covered California for health coverage options as an alternative to COBRA.

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